

**L10000105206**

((H12000070166 3)))

Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT RESIGNATION  
MARY ANN ZAWADA,DC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

**C. LEWIS  
MAR 19 2012  
EXAMINER**

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**COVER LETTER**

((H12000070166 3))

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARY ANN ZAWADA, DC, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000105206

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN CLOUGH, ESQ.  
Name of Person

AKERMAN SENTERFITT  
Name of Firm/Company

9128 STRADA PLACE, SUITE 10205  
Address

NAPLES, FL 34108  
City/State and Zip Code

john.clough@akerman.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CLOUGH, ESQ. at ( 239 ) 449-5600  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MARY ANN ZAWADA

Name of Registered Agent

, hereby resigns as

Registered Agent for

MARY ANN ZAWADA, DC, LLC

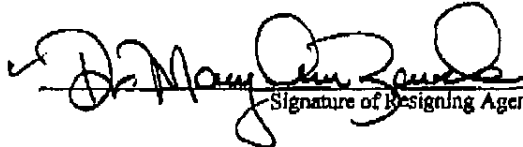
Name of Limited Liability Company

L10000105206

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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